

<b>Case Number:</b>	CM13-0036236		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male, who sustained an industrial injury on 7-17-2002. The injured worker is undergoing treatment for: lumbar spine sprain with bilateral lower extremity radiculopathy. On 6-24-13, he reported low back pain and indicated Ultram was not working then switched back to Norco three times daily. On 9-12-13, he reported low back pain. He indicated gabapentin stops the radiating pain symptoms. Physical findings revealed low back tenderness and decreased range of motion, positive bilateral straight leg raise testing. The treatment and diagnostic testing to date has included: medications, urine drug screen (9-26-12, 5-9-13), and magnetic resonance imaging of the lumbar 6-25-12. Medications have included: norco, methadone, baclofen, Prozac, hydrocodone. The records indicate he has been utilizing Ultram (tramadol) since at least June 2013, possibly longer. Current work status: full duty. The request for authorization is for: 60 Tramadol HCL 150mg. The UR dated 10-10-13: non-certified the request for 60 Tramadol HCL 150mg.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request for Tramadol Hcl 150 mg, #60 (dos: 9.12.13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** Submitted documents show the patient with continued chronic symptoms, but is able to be functional and work. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Additionally, MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported; however, the patient has persistent significant pain despite ongoing opioids without deterioration from denied treatment request. From the submitted reports, there are no red-flag conditions, new injury, or indication that an attempt to taper or wean from the long-term use of the opiate has been trialed for this chronic 2002 injury. The Retrospective request for Tramadol Hcl 150 mg, #60 (dos: 9.12.13) is not medically necessary and appropriate.